

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09/720437	FILING DATE								
							APPLICANT(S)									
CLAIMS																
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			★		★		★				
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	1		1				51									
2		1		1			52									
3		2		1			53									
4		0		1			54									
5		0		1			55									
6		0		1			56									
7		1		1			57									
8		1		1			58									
9		1		1			59									
10		1		1			60									
11		4		4			61									
12		0	Canceled				62									
13		4		1			63									
14		0		1			64									
15		0		1			65									
16		0		1			66									
17	1		<div style="border-left: 2px solid black; border-bottom: 2px solid black; height: 100px; width: 100%;"></div>				67									
18		1								68						
19		2								69						
20		0								70						
21		0								71						
22		0								72						
23	1									73						
24	1									74						
25		1								75						
26		2								76						
27		0				77										
28		0				78										
29		0				79										
30		1				80										
31		1				81										
32		1				82										
33		0				83										
34		0				84										
35		1				85										
36						86										
37						87										
38						88										
39						89										
40						90										
41						91										
42						92										
43						93										
44						94										
45						95										
46						96										
47						97										
48						98										
49						99										
50						100										
TOTAL IND.		↓	1	↓		↓	TOTAL IND.		↓		↓		↓			
TOTAL DEP.		←	17	←		←	TOTAL DEP.		←		←		←			
TOTAL CLAIMS			18				TOTAL CLAIMS									

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS